

PTO/SB/52 (04-05)

Approved for use through 04/30/2007. OMB 0651-0093

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REISSUE APPLICATION DECLARATION BY THE ASSIGNEE

Docket Number (optional)
M 6257RE

I hereby declare that:

The residence, mailing address and citizenship of the inventors are stated below.

I am authorized to act on behalf of the following assignee: Henkel Corporation

and the title of my position with said assignee is: Vice President, Technology

The entire title to the patent identified below is vested in said assignee.

Inventor <u>David R. McCormick</u>	Citizenship <u>U.S.</u>
Residence/Mailing Address <u>1322 N. Custer, Clawson, Michigan 48017, USA</u>	
Inventor <u>Andreas Lindert</u>	Citizenship <u>U.S.</u>
Residence/Mailing Address <u>5409 Patterson Drive, Troy, Michigan 48098, USA</u>	
<input type="checkbox"/> Additional inventors are named on separately numbered sheets attached hereto.	
Patent Number <u>6,361,622</u>	Date of Patent Issued <u>3/26/02</u>

I believe said inventor(s) to be the original and first inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled:

Process for Coating and or Touching Up

the specification of which

is attached hereto.
 was filed on 3/26/04 as reissue application number 10 / 810,546
and was amended on 9/23/05
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)(d) or (f), or 365(b). Attached is form PTO/SB/02B (or equivalent) listing the foreign applications.

I verify believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

- by reason of a defective specification or drawing.
 by reason of the patentee claiming more or less than he had the right to claim in the patent.
 by reason of other errors.

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This collection of information is required by 37 CFR 1.175. The information is required to obtain or retain a benefit by the public which is to be (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/52 (04-05)

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REISSUE APPLICATION DECLARATION BY THE ASSIGNEEDocket Number (Optional)
M 6257RE

At least one error upon which reissue is based is described as follows:

An error in the patent arose out of an error during prosecution of the application which became the patent where Applicant's August 9, 2001 Amendment did not address all grounds of rejection in the April 9, 2001 Office Communication. This omission was not made of record by the Office and the patent was allowed. At least some of the claims of the patent are

(Attach additional sheets, if needed.)

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.

I hereby appoint:

 Practitioners associated with Customer Number:**00423**

OR

 Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Correspondence Address: Direct all communications about the application to:

 The address associated with Customer Number:**00423**

OR

 Firm or Individual Name

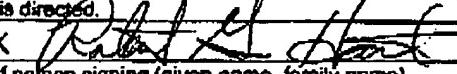
Address

City _____ State _____ Zip _____

Country _____

Telephone _____ Email _____

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Signature  Date **9/23/05**

Full name of person signing (given name, family name)

Robert G. Hart

Address of Assignee

**32100 Stephenson Highway
Madison Heights, Michigan 48071, USA**

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N 6257RB

believed to be invalid due to the error. Also, Applicant's attorney failed to appreciate the full scope of the invention, where claims of narrower scope in some aspects and broader scope in other aspects were not added by said Amendment.

Every error in the patent which was corrected in the present reissue application, and is not covered by the prior declaration submitted in this application, arose without any deceptive intention on the part of the applicant.